

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64262

## 1. PLACE OF DEATH

County

Rehoboth

Village or City

Millington

Length of residence in city or town where death occurred

yrs.

ND.

Registration Dist. No. 200

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

John Allou

(Usual place of abode)

St. Mo. ward:

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male white widow

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Aleeha Allou

6. DATE OF BIRTH (month, day, and year)

Jan 5 1847

7. AGE Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

85

2

26

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BDOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)retired  
mechanic11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Delaware

MOTHER FATHER

13. NAME

unknown

14. BIRTHPLACE (city or town)  
(State or country)

unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)  
(State or country)

unknown

17. INFORMANT  
(Address)

Jacob Allou

18. BURIAL, CREMATION, OR REMOVAL

Place Chesterlown Md. Date April 3, 1932

19. UNDERTAKER  
(Address)L. S. Dodd  
Chesterlown, Md.

20. FILED Apr. 2, 1932

Meritt Price

Registrar

MARGIN RESERVED FOR BINDING

N.B.—WRITING PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

1

1932

22. I HEREBY CERTIFY. That I attended deceased from

April 2, 1932 to April 1, 1932

I last saw him alive on April 1, 1932, death is said

to have occurred on the date stated above, at 12:30 P.M..

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

disease

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

F. L. Baldwin  
(Address) Mill Street, one

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAY 5 1922	July 5, 1927
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

14263

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Kent.

Village or City Fairlee.

(131)

Registration Dist. No. 224

St.

Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Georgiana Anderson

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Gold	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of

Alfred C. Anderson

## 6. DATE OF BIRTH (month, day, and year)

7. AGE Years 71	Months	Days	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

Anderson

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME Caroline Brown

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT E. Ronnie Skinner  
(Address) Chestertown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Boston Point Date Apr. 4, 193219. UNDERTAKER Chas. L. Dods  
(Address) Chestertown, Md.20. FILED Apr. 4, 1932 J. R. Smith  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April  
(Month)2  
(Day)1932  
(Year)

22. I HEREBY CERTIFY That I attended deceased from June 1, 1932, to Apr. 1, 1932, death is said

I last saw him alive on

to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic nephritis

Date of onset

## Other Contributory Causes of Importance:

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T. H. Simper, M. D.  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	MAY 2 1923 Date of onset 1921
Cerebral hemorrhage	July 5, 1927

BUREAU NO. 1

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

BUREAU NO. 1

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64264

## 1. PLACE OF DEATH

County

Kent Co., Md.

(13)

Registration Dist. No.

202

St.

Ward

Village or City

Galena, Md.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

48 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

mos.

## 2. FULL NAME

(a) Residence: No.

Galena, Md.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female

White

Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Joseph Boyd

6. DATE OF BIRTH (month, day, and year)

7. AGE      Years      Months      Days      If LESS than  
59      9      15      1 day,      hrs.  
              or      min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

House Wife

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MATURE NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place19. UNDERTAKER  
(Address)

20. FILED

Date

1932

Signature

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr. 21

(Month) (Day)

1932 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 17, 1932, to Apr. 21, 1932

I last saw h. s. alive on Apr. 17, 1932, death is said  
to have occurred on the date stated above, at 12 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Intestinal Nephritis      Indefinite  
Cerebral Hemorrhage      Apr. 17

Other Contributory Causes of importance:

Name of operation      Date of

What test confirmed diagnosis?      Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Date of Injury      19

Where did injury occur?      (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)      M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1922
Chronic interstitial nephritis	
Cerebral hemorrhage	JULY 5 1922
	BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(C) (M) (T) N. B.--Every item of information should be carefully supplied. It should state EXACTLY, PHYSICALLY, what caused death in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Kent.

Village or City Morgan Heske.

## 2 FULL NAME

Balk

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No 202

64265

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

b

4

27

1932

(Month)

(Day)

(Year)

7 AGE

0 yrs. 0 mos.

IF LESS than  
1 day / hrs.

0 ds. or min.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work

Clerk

(b) General nature of industry business, or establishment in which employed or (employer)

## 9 BIRTHPLACE

(State or country)

Kent Co., Md.

## PARENTS

## 10 NAME OF FATHER

Arthur Balk

## 11 BIRTHPLACE OF FATHER

(State or country)

Kent Co. Md.

## 12 MAIDEN NAME OF MOTHER

Tempa Stallings

## 13 BIRTHPLACE OF MOTHER

(State or country)

Kent Co. Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Morgan Heske  
Chester Town

15

Filed April 26, 1932

205 T. Hicks  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

4 27, 1932

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192... to 192...

that I last saw her alive on 4-27, 1932

and that death occurred on the date stated above, at 8 A.m.

The CAUSE OF DEATH \* was as follows:

few minutes after birth

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) H. P. Gophelard M. D.

4-26, 1932 Address Chester Town

\*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

In the State yrs. mos. ds.

## 19 PLACE OF BURIAL OR REMOVAL

Morgan Heske

## 20 UNDERTAKER

205 T. Hicks

DATE OF BURIAL

April 27, 1932

ADDRESS

Chester Town

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Shipowner, foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (c) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return *'Laborer,'* *'Foreman,'* *'Manager,'* *'Tealer,'* etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Hauskeepers* who receive a definite salary), may be entered as *Hauswife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Scarlet pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Cerebra, Sarcoma, etc.,* of use of "Tumor" for malignant neoplasm; *Mastitis, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia, " "Anaemia*" (merely symptomatic), "*Atrophy, " "Collapse, " "Convulsions, " "Debility*" ("Congenital," "Senile," etc.), "*Dropsey, " "Exhaustion, " "Heart failure, " "Haemorrhage, " "Inanition, " "Marasmus, " "Old Age, " "Shock, " "Uremia, " "Weakness, " etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæma, " "PUERPERAL peritonitis, " etc.* State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably such*, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Reckless wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *seizures, tetanus*) may be stated under the head of "*contributory.*" Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A little data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1932

EHRMAN

AMERICAN MEDICAL ASSOCIATION

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64266

## 1. PLACE OF DEATH

County

Fach

82-2

Registration Dist. No.

202

Village or City

Blue House near Chester town

St,

Ward

Length of residence in city or town where death occurred

yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Medford Clayton

St., Ward.

If nonresident give city or town and State

(a) Residence: No.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col-

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE      Years      Months      Days      If LESS than  
56            0            7            1 day,      hrs.  
                24            3            0            or      min.

April 28 1876

OCCUPATION

24

12. BIRTHPLACE (city or town)  
(State or country)

MOTHER

FATHER

Maryland

suburban

13. NAME

Eliza Denby

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME

Eliza Denby

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT

Luis Wiley

Chester town Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

May 4, 1932

19. UNDERTAKER

(Address)

C. Ellis Clark

Chester town Md

20. FILED

May 4, 1932

W. J. Sticks

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 30, 1932

22. I HEREBY CERTIFY. That I attended deceased from

July 23, 1931 to April 29, 1932; last saw deceased alive on April 29, 1932; death is said

to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Data of onset  
6 yrs ago

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Ellis Clark M. D.

(Address) Chester town, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows: **I V E D**

Arteriosclerosis	Date of onset
Chronic interstitial nephritis N 2 1932	1915
Cerebral hemorrhage	July 5, 1927

**BUREAU V.S.**

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64267

## 1. PLACE OF DEATH

County

Kent

Village or City

Milford,

Length of residence in city or town where death occurred

yrs.

mos.

d.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No.

204

St.

Ward

Boston MA

## 2. FULL NAME

(a) Residence: No.

Alma Glenn (Glenn)

St. Ward.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

bel.

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widowed

5a. ~~Husband, widow, or divorced~~~~HUSBAND~~~~WIFE~~

Edmond Glenn

6. DATE OF BIRTH (month, day, end year)

Milford

7. AGE

Years

52

Months

8+

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Milford

MOTHER FATHER

13. NAME Samuel Boyce

Kent County, MD

14. BIRTHPLACE (city or town)  
(State or country)

Emma Hoffman

Kent County, MD

17. INFORMANT Eliza Ross

Milford, MD

18. BURIAL, CREMATION, OR REMOVAL

Place Milford Date 27, 1932

19. UNDERTAKER Abbury Henry and Son

Chestertown, MD

20. FILED April 26, 1932, Boston

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 26

(Day)

1932 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Nov. 11, 1931 to April 25, 1932

I last saw him alive on April 19, 1932; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral hemorrhage

Date of greatest

14yrs

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Dr. Wm. Richmond

M. D.

(Address) Chestertown, MD

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 2 1922	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JULY 24 1922	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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## MARGIN RESERVED FOR BINDING

V. S. No. 1

**N.B.—** WRITE PLAINLY. IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64268

## 1. PLACE OF DEATH

County KentVillage or City Rock Hall

82-a

Registration Dist. No.

203

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

No. Gratitide

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cecilia Jones

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White Widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofDarius Jones

6. DATE OF BIRTH (month, day, and year)

Dec. 22-1845

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

86

3

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Housewife.

11. Total time (years)  
spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER FATHER

13. NAME

John Scott

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Mary Smith

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

J. E. JonesRock Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Wealth ChapelDate 4/13, 1932

19. UNDERTAKER

(Address)

Chas. L. DoadChesapeake, Md.20. FILED 4/12, 1932

13. Law &amp; Justice

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

(Month)

11

(Day)

, 1932 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19

, 19

I last saw h. alive on

, 19

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

EpilepsyDate of onset  
April 10, 1932

Other Contributory Causes of Importance:

Peter Peterson1932

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Frank W. Smith

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage	Date of onset
	July 5, 1927

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago



Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year


ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

64269

## MARGIN RESERVED FOR BINDING

N.B.—**WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Kent

82-2a

Registration Dist. No. 202

Village or City

2 Norton Md

St,

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Edward T. Lambert

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widower

6a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

widower.

6. DATE OF BIRTH (month, day, and year)

unknown 1869

7. AGE

Years  
73

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

9. Date deceased last worked at

this occupation (month and year)

6 mo

11. Total time (years)  
spent in this  
occupation

Carpenter

MOTHER

FATHER

12. BIRTHPLACE (city or town)  
(State or country)

Maryland.

13. NAME

unknown

14. BIRTHPLACE (city or town)  
(State or country)

unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)  
(State or country)

unknown

17. INFORMANT

(Address)

Sarah A Haddaway  
2 Norton Md

18. BURIAL, CREMATION, OR REMOVAL

Place:

chesterlawn

Date: apr 21, 1932

19. UNDERTAKER

(Address)

B. R. Fellows

Still Pond Md

20. FILED

Date:

April 21, 1932

W. S. Jucks

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

april 19, 1932, 1932 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from  
3-10, 1932, to 4-20, 1932.I last saw him alive on 4-20, 1932; death is said  
to have occurred on the date stated above, at 1 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

aphexy.

Date of onset

Other Contributory Causes of importance:

HBP

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N.P. Copeland  
(Address) Chesertown, M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	MAY 4 1932	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. B

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

**N.B.** Every item of information should be carefully supplied. ACE should state EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County *Baltimore*

Village or City *Willington* (No.)

2 FULL NAME *Sarah E. Seeg*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F*4 COLOR OR RACE *W*

5 SINGLE,  
MARRIED,  
WIDOWED,  
~~OR DIVORCED~~  
(Write the word)

6 DATE OF BIRTH

*May 17, 1860*  
(Month) (Day) (Year)

7 AGE

*71 yrs. 10 mos. 14 ds. or min?*  
IF LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work *Housewife*  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country)10 NAME OF  
FATHER *John Taylor*11 BIRTHPLACE  
OF FATHER  
(State or country) *Unknown*12 MAIDEN NAME  
OF MOTHER *II*13 BIRTHPLACE  
OF MOTHER  
(State or Country) *II*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Charles Seeg*(Address) *Willington Md*15 Filed *Apr. 3, 1922*

*Merrill Brice  
Deputy Registrar*

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *200*

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*April 2, 1932*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
*Mar. 30, 1932* to *Apr. 2, 1932*  
that I last saw her alive on *Apr. 1, 1932*  
and that death occurred on the date stated above, at *49 m.*  
The CAUSE OF DEATH \* was as follows:

*Chronic Nephritis  
Dedipate*

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) *Merrill Brice* M. D.  
*Apr. 3, 1932* (Address) *Willington, Md*

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

*Willington Md April 4, 1932* DATE OF BURIAL

20 UNDERTAKER

*John Johnson* ADDRESS *Willington Md*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL puerperitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is locked over thoroughly and a question unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64271

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—**WRITE PLAINLY.** IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County *Kent*Village or City *Chestertown*Length of residence in city or town where death occurred *1 yrs.*

82-a

Registration Dist. No. *202*No. *202*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of time in U. S. if of foreign birth? *1 yrs.*

mos.

How long in U. S. if of foreign birth? *1 mos.*

ds.

2. FULL NAME *Edward Theodore Luecht*(a) Residence: No. *16 Chestertown R-19-3*

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED? *(write the word)*  
*married*

5a. If married, widowed, or divorced

HUSBAND of *Bertha Wilhelma Luecht*.  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *May 16 1864*

7. AGE

Years *67*Months *50*Days *22*If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at *1932*  
this occupation (month and year)  
*Apr.*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany*

(State or country)

13. FATHER

NAME *Paul Luecht*14. BIRTHPLACE (city or town) *Germany*

(State or country)

15. MAIDEN NAME *Eva Hardell*16. BIRTHPLACE (city or town) *Germany*

(State or country)

17. INFORMANT *Antone Luecht*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Chestertown* Date *April 21, 1932*19. UNDERTAKER *Chas. L. Dodd*(Address) *Chestertown Md.*20. FILED *April 21, 1932*

W. T. Hicks

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month) *April* (Day) *18* (Year) *1932*22. I HEREBY CERTIFY That I attended deceased from *No medical attendant*, to *Sudden Death* at *17-34 P.M.* on *19* death is saidLast saw him alive on to have occurred on the date stated above, at *17-34 P.M.* The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:*Arterio-sclerosis*  
*Cerebral hemorrhage, Apr. 18, 1932*  
(Immediate death)

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harry L. Dodd, Cor.* M. D.  
(Address) *Chestertown, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

**RECEIVED:**

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Ran over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64273

## 1. PLACE OF DEATH

County

West

Village or City

Melitata

15

Registration Dist. No.

204

St.

Ward

Length of residence in city or town where death occurred

18

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
No. \_\_\_\_\_  
mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No.

John Nichols

St.

Ward.

Boston R.R.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Red

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mary Nichols

6. DATE OF BIRTH (month, day, and year)

7. AGE  
Years      Months      Days      If LESS than  
78.      5.      .      1 day,      hrs.  
              or      min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

Registrat.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Jan

6

1932

22. I HEREBY CERTIFY That I attended deceased from  
Jan 27, 1932, to Jan 6, 1932I last saw him alive on April 5, 1932; death is said  
to have occurred on the date stated above, at 4 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Facial Hemiplegia

Date of onset  
3/27/32

Other Contributory Causes of Importance:

Septic shock

3/27/32

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Franklin Smith

M. D.

(Signed)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset	
Arteriosclerosis	1915	
Chronic interstitial nephritis	1921	
Cerebral hemorrhage	July 5, 1927	
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis

## Example II

The principal cause of death and related causes of importance were as follows:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE or OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Kent

Village or City Chestertown Md.

2 FULL NAME Still Born Baby Patrick

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
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## 6 DATE OF BIRTH

April 12.1932.

(Month) (Day) (Year)

## 7 AGE

yrs. 0 mos. 0 ds. or min.?

IF LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

None

## 9 BIRTHPLACE

(State or country) Chestertown Kent Co. Md.

## 10 NAME OF FATHER

James Edward Patrick

## 11 BIRTHPLACE OF FATHER

(State or country) Kent County Md.

## 12 MAIDEN NAME OF MOTHER

Anna May Hurd

## 13 BIRTHPLACE OF MOTHER

(State or country) Kent County Md

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Edward Patrick  
Chestertown Md.

(Address)

## 15 Filed

April 13. 1932 W. J. Hicks  
Registrar

If more blanks are needed, address State Registrar

64274

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 202

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 12.1932. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from April 12.1932. 192 to April 12.1932. 192, that I last saw h Still Born

and that death occurred on the date stated above, at

The CAUSE OF DEATH was as follows:

Still Born

(Duration) yrs. mos. ds.

Contributory  
Secondary(Signed) Frank B. Nease M.D.  
April 12.1932 (Address) Chestertown Md.

State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Chestertown Md April 13. 1932 (Date of Burial)

## 20 UNDERTAKER

Jos. E. Patrick Chestertown (Address)

16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Ma

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know: (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dye laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma*, etc., of . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mosquitos* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marsasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicema*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail it will prevent further correspondence. A. A. the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1932

BUREAU

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY**, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64275  
203

## 1. PLACE OF DEATH

County

Kent

Village or City

Rock Race

922

Registration Dist. No.

203

Length of residence in city or town where death occurred

9 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

white

Married

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

Susan Patterson

6. DATE OF BIRTH (month, day, and year)

Dec. 11, 1859

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

MOTHER FATHER

72

4

18

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.

Machine

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Retired for yrs

10. Date deceased last worked at  
this occupation (month and  
year)

1922

11. Total time (years)  
spent in this  
occupation

3

12. BIRTHPLACE (city or town)  
(State or country)

M. Kinsport

13. NAME

John G. Patterson

14. BIRTHPLACE (city or town)  
(State or country)

Allegheny Co

15. MAIDEN NAME

Sarah Ann Beigh

16. BIRTHPLACE (city or town)  
(State or country)

Pa

17. INFIRMANT

(Address)

Mrs. Patterson

Rock Race Md

18. BURIAL, CREMATION OR REMOVAL

Place

St. Pauls

K. Co

Date May 14, 1932

19. UNDERTAKER

(Address)

Chas L. Dodd

Lester Town Md

20. FILED

4/30

1932 B. Lund Drury

Registrar

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Franklin Smith  
Edgewater

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64276

## 1. PLACE OF DEATH

County Kent

(94a)

Registration Dist. No. 201Village or City Colemans Norton MdSt.  Ward 

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isiah Roberts

(a) Residence: No.

St.  Ward 

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. COLOR OR RACE c5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE 51 Years  Months  Days  II LESS than  
1 day,  hrs.  
or  min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAV MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Colemans Md13. NAME Isaac Roberts14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Margaret Anderson16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFDRMANT  
(Address) Katie Roberts18. BURIAL, CREMATION, OR REMVAL  
Place Colemans Date Apr 23, 193219. UNDERTAKER  
(Address) S.R. Fellows20. FILED Apr 23, 1932 - J. McLean

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 20

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

No medical attendant  
Last saw him alive on 20, 1932; death is said  
to have occurred on the date stated above, at 11:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Angina Pectoris 20, 1932  
Immediate death.

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Harry L. Dose, Cor. 1 M. D.(Address) Chestertown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY.** IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

Mile.

## 1. PLACE OF DEATH

County Rent  
Village or City Chesterville Md

(13)

Registration Dist. No. Gallington

St., Ward

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Araminta Sewell

(a) Residence No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>C</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, end year)

7. AGE 46 Years 6 Months 0 Days If LESS than  
all done now 1 day, 0 hrs.  
or 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKEEKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

House Work

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

13. NAME George Henry Sewell  
MOTHER FATHER

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME angelina Cawley

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT George Henry Sewell  
(Address) Chesterville, Md.

18. BURIAL, CREMATION, DR REMOVAL

Place Still Pond Date April 18, 1932

19. UNDERTAKER B.R. Galloway

(Address) Still Pond Md

20. FILED Apr. 18, 1932 J. Melark

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Apr 15  
(Month) 1932 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4-5-32, 1932, to 4-15-32, 1932. I last saw her alive on April 15-32, 1932; death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Reproductive  
Teat Catar

Date of onset  
22-3-32  
4-3-32

Other Contributory Causes of importance:

debility due to her disease

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jas. W. Clark  
M. D.  
Kennedyville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	<i>RECEIVED</i>	Date of onset 1915
Chronic interstitial nephritis	<i>MAY 3 1922</i>	1921
Cerebral hemorrhage	<i>BUREAU U.S.</i>	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH (4278)

## 1. PLACE OF DEATH

County KentVillage or City Lester Town R.R. near St. Pauls

(121)

Registration Dist. No. 204

204

Ward

No. Chestertown #2 St.,

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME J. Walter Sutton(a) Residence: No. Market House St.,

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MaleWhiteMarried

5a. If married, widowed, or divorced

HUSBAND of Mrs. Edmund G. Sutton

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 14 1854

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.721854Aug7

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

13. NAME

Orlando Sutton

14. BIRTHPLACE (city or town)

(State or country)

Ind.

15. MAIDEN NAME

Araminta Lassell

16. BIRTHPLACE (city or town)

(State or country)

Ind.

17. INFORMANT

Mrs. Walter Francis

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. PaulsDate April 24 1932

19. UNDERTAKER

Chas. L. Dodd

(Address)

20. FILED

Apr. 22, 1932J. Walter Sutton

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 21  
(Month)  
(Day)1932  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

May 19, 1930, to April 20, 1932; death is saidI last saw him alive on Apr 20, 1932; to have occurred on the date stated above, et al.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

AppendicitisSutton

Other Contributory Causes of importance:

Leptomeningitis 1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Frank Edward Smith M. D.(Address) Abingdon

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

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## 1. PLACE OF DEATH

County *Kent*Village or City *Betterton*

Length of residence in city or town where death occurred yrs.

No.

If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U. S. If of foreign birth? mos.

St.

Ward

ds.

2. FULL NAME *Susan Taylor*

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*4. COLOR OR RACE *W*5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)*Widowed*

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of*Robert E. Taylor*

6. DATE OF BIRTH (month, day, and year)

7. AGE *83* Years *83* Months *17* DaysIf LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)*Kent Co**Isaac Georges*14. BIRTHPLACE (city or town)  
(State or country)*Kent*15. MATURE NAME *Caroline Knott*16. BIRTHPLACE (city or town)  
(State or country)*Ind*17. INFORMANT *Celine Crew**Betterton*

18. BURIAL, CREMATION, OR REMOVAL

Place *Steel Pond* Date *Apr. 27, 1932*19. UNDERTAKER *P. R. Bellous*(Address) *Steel Pond Ind*20. FILED *Miss M. Clark*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Apr*

(Month)

*25*

(Day)

*1932*

(Year)

I HEREBY CERTIFY. That I attended deceased from *April 8, 1932*, to *April 25, 1932*I last saw her alive on *April 25, 1932*, death is said to have occurred on the date stated above, at *3* m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Heart Failure*

Date of onset

Other Contributory Causes of importance:

*Slipping followed  
by Sputum Pneumonia*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *Symptoms* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify \_\_\_\_\_

(Signed) *J. G. Alireet*

M. D.

(Address) *Steel Pond*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**Example I**

The principal cause of death and related causes of importance were as follows:

*RECEIVED*

Arteriosclerosis	Date of onset
	1915

Chronic interstitial nephritis

Cerebral hemorrhage

*BUREAU*

Other contributory causes of importance:

Gallstones

**Example II**

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

*Other contributory causes of importance:*

*Gastroenteritis*

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

64280

N. B.—**WRITE PLAINLY**, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County *Kent*Village or City *Melitola, Md*

120

Registration Dist. No. *204*St., *Ward*

Length of residence in city or town where death occurred

yrs. *mos.* ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME *John Washington*

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Male*

4. COLOR OR RACE

*black*5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)*widow*

5a. If married, widowed, or divorced

HUSBAND of  
(or) ~~WIFE~~*Hannah Jane Washington*

6. DATE OF BIRTH (month, day, and year)

7. AGE Years *62* Months Days If LESS than  
1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*life*

12. BIRTHPLACE (city or town)

(State or country)

*Fredricksburg Va*

13. NAME

*John Washington*

14. BIRTHPLACE (city or town)

(State or country)

*Fredricksburg Va*

15. MAIDEN NAME

*Lucy Taylor*

16. BIRTHPLACE (city or town)

(State or country)

*Fredricksburg Va*

17. INFORMANT

(Address)

*Hannah Jane Washington address worter m 10*

18. BURIAL, CREMATION, OR REMOVAL

Place

*Melitola 19. Date. April 1932*

20. UNDERTAKER

(Address)

*Asbury Henry and son Chesلتown Md*

21. FILED

(Date)

*Apr. 17 1932*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*April 15 1932*  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from *March 22 1932* to *April 15 1932*I last saw him alive on *April 12 1932*, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Chronic enteritis with loss of weight and disorder of nutrition*

Other Contributory Causes of importance:

Name of operation *no* Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIDELNCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify \_\_\_\_\_

(Signed) *D. W. Richardson* M. D.  
(Address) *8 West Street, Chestertown, Md*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	MAY 3 1922	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
1 week ago
1 week ago
3 days ago

Attack of epilepsy

Run over by street car

Peritonitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE **PLAINLY**, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

Rich.

64281

1/20/1

## 1. PLACE OF DEATH

County Kent  
Village or City Colemans

Registration Dist. No.

St., Ward

Length of residence in city or town where death occurred yrs. 3 mos. 0 ds. How long in U. S. if of foreign birth? 20 yrs. 0 mos. 0 ds.

## 2. FULL NAME Watson Wilmore

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Wilmore		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years 20 Months - Days - If LESS than 1 day, hrs. or min.		

OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Date deceased last worked at this occupation (month and year) 10. Total time (years) spent in this occupation	9. Farming 11. 1 year
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12. BIRTHPLACE (city or town) (State or country)	Colemans Md.
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MOTHER FATHER 13. NAME	John Wilmore
14. BIRTHPLACE (city or town) (State or country)	Colemans Md.

15. MAIDEN NAME	Emma Coleman
16. BIRTHPLACE (city or town) (State or country)	Morton Md.

17. INFORMANT (Address)	John Wilmore, Colemans Md.
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18. BURIAL, CREMATION, OR REMOVAL Place:	Colemans Md. Date: Feb 13, 1932
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19. UNDERTAKER (Address)	B. R. Galloway Still Pond, Md.
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20. FILED Date:	Feb 13, 1932 A. L. Clark Registrar.
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April 11  
(Month) (Day) , 1932  
(Year)

22. I HEREBY CERTIFY That I attended deceased from July 19 to April 11, 1932, death is said

I last saw him alive on April 11, 1932, death is said to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Thora 1932

Other Contributory Causes of importance:

of my unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Dr. J. M. Richardson, M. D.

(Address) 22 Easton Street, Baltimore, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN